



Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

## Iowa Physician Assistant (PA) Exception Application Form

**Instructions:** In accordance with Iowa Code Chapter 147A.13 an Iowa Physician Assistant (PA) licensed pursuant to Iowa Code 148C can serve as a staff member of an authorized Iowa Emergency Medical Service (EMS) program if the PA can document equivalent education and skills training essential in the delivery of out-of-hospital emergency care. The applicant shall submit documentation of equivalent EMS education and training to the EMS Program's Medical Director for review. The EMS Program's Medical Director will review the submitted documentation, and if applicable, approve the level of EMS care the PA may provide, or identify additional training or education. Once approved by the service program's Medical Director the applicant must submit a completed application to the Iowa Department of Public Health (Department) for approval prior to functioning as an authorized staff member. The completed application should be uploaded into the service program's AMANDA folder for review. After review and documented approval of the application by the Department the service program should roster the PA as an active member of their service in AMANDA and retain a copy of the approved application for their records.

**Applicant Information** (Please Print Clearly or Type Requested Information):

First Name:	Last Name:			MI:
Street/Mailing Address:				
City:	State:	County:	Zip Code:	
Email address:				
Iowa PA License Number:			Expiration Date:	
Iowa Service Program's Name:			Service Location:	
Service Program's Level of Authorization: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic		EMS Level PA May Function Up To: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> Paramedic		
Every 2-years the applicant must also complete the EMS Continuing Education Hours (CEH) requirements for the level of EMS care the applicant is approved to function at: <input type="checkbox"/> EMR – 8 hours <input type="checkbox"/> EMT – 20 hours <input type="checkbox"/> AEMT – 25 hours <input type="checkbox"/> Paramedic – 30 hours				

NOTES: The PA Exception may only function to the level of EMS care approved by the Service Program's Medical Director or to the level of the Service Program's authorization, whichever is the lesser of the two options. Information regarding Iowa EMS continuing education requirements and Iowa EMS Scope of Practice can be found on the Bureau's web site at: <https://idph.iowa.gov/BETS/EMS/provider-information>



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**Service Program Medical Director**

As the Medical Director for the authorized Iowa EMS program identified in this application, I have reviewed the documentation presented by the applicant and have determined that this individual has documented education and skills equal to, or greater than required, for the level of EMS identified. I hereby approve the applicant to provide EMS care at the level identified in this application and to obtain the continuing education identified in this application while functioning as an active member of this service program.

\_\_\_\_\_  
Medical Director Signature

\_\_\_\_\_  
Date

**Applicant Affirmation**

I hereby certify and declare under penalty of perjury that the information I have provided in this document, including any attachments, is true and correct. I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false or misleading information in or concerning my application may be cause for denial. In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided on in conjunction with this application. I understand that this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

This section reserved for Bureau of Emergency and Trauma Services (BETS) use only

Application is:      ☐ Approved                      ☐ Denied (document reason for denial)

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\_\_\_\_\_  
Application Reviewed By

\_\_\_\_\_  
Date